		Liico	live Octor	er 1, 20	03	on rec		11	082	-11	<u>33</u>		
CLAIMS AS FILED - PART I SMALL ENTITY (Column 1) (Column 2) TYPE										OR	OTHER		
TOTAL CLAIMS /0						1	RATE	FEE	7	RATE	FEE		
FO	R ·	•	NUMBER FILED NI			ER EXTRA	1	BASIC FEE	385.00	OR	BASIC FEE	770.00	
TC	TAL CHARGEA	BLE CLAIMS	1 0 minus 20= *				1	X\$ 9=		OR	X\$18=		
INC	EPENDENT CL	AIMS	'Z minus 3 =-			,	1	X43=	<u> </u>	OR	X86=		
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				1						i
- H	no dissence	in column 1 is	less than ze	ero, enter	*0* in c	olumn 2		+145=		OR	L	77.	
"		LAIMS AS A						TOTAL	<u> </u>	OR	TOTAL OTHER	77.6	
4	1200	(Column 1)	MENDEL	(Colum		(Column 3	<u>)</u>	SMALL	ENTITY	OR	SMALL I		
AMENDHENT A	Ĺ	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	IER USLY	PRESENT EXTRA	\int_{γ}	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	•
	Total	. 13	Minus	- 0	0	.0		.X\$ 8≖		OP	X\$18=		
	Independent	· 3	Minus		3			X43=		OR	X86 ₂		
₹	PURST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	.145-			+290=		
	13	\	•			•		+145=		OR	TOTAL	-	
1	1,2/8				-			ADDIT. FEE		DR	ADDIT. FEE		
-	444	CLAIMS		(Colum HIGH	ST	(Column 3	ጎ		ADDI-	1		ADDI-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	0.
2	Total	·3h	Minus	- 9	0	1-16		025		OR	Sail-	800	
	Independent	· 5	Minus	-	3	• a	4	100		OR	3	400	Γ.
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J	160	·	OR	3		
								TOTAL	-: .	00	TOTAL		
	4/19/06							ADDIT. FEE		JUM .	ADDIT. FEE		••
7	HITTOG	(Column 1) CLAIMS		(Colum		(Column 3	ו ר		ADDI-	1		ADD1-	
AMENDMENIC	4) a a	REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL	
5	Total	• 36	Minus	-30	0	•		X\$ 9≈		OR	X\$18=	•	
ME	Independent	• 5	Minus	 C	2	•	41	X43=		OR	X86=		
٢	FIRST PRESE	NTATION OF MIL	ATIPLE DEF	PENDENT	CLAIM		إ						
• •	the arts is set =	nn 1 is less than th	e anno la acto	ma 2 wite	70° in cod	umo.3		+145=		OR	+290=		
- 1	the 'Highest Nur	mber Previously Pa mber Previously Pa	d For IN THE	S SPACE is	less than	20, enter *2		TOTAL NODIT. FEE		OR	ADDIT. FEE		

Application or Docket Number